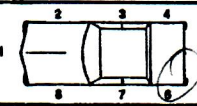



## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-10902		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 6/29/15		DAY Monday	TIME MILITARY 1238				
CRASH OCCURRED ON Colony Square Lebanon, Ohio, 45036						WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)							CITY CODE		
LOG-1		LOG-2		LOC		JUR	FM	3	FIL						
A	UNIT NO 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Farmers					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Lorrie, Craig						ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) 3523 Traville Rd, Morrow, Ohio, 45152									
PHONE NO 513-503-3699		BIRTH DATE 10/15/75		AGE 31	SEX M	SOCIAL SECURITY NO N/A		STATE OH	DRIVER'S LICENSE NO RR387034		OCCUPATION N/A				
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS Same							PHONE Same		
VEH YR 2008		MAKE Mazda		MODEL SW		COLOR White	STYLE SW	STATE OH	LICENSE PLATE NO AFB3F2		TOWING SERVICE N/A	VEH PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO 2	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT State Farm					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Maxey, Kimberly						ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) 6051 E US 22/3 Apt B, Morrow OH, 45152									
PHONE NO 513-600-9235		BIRTH DATE 9/17/62		AGE 52	SEX F	SOCIAL SECURITY NO N/A		STATE OH	DRIVER'S LICENSE NO RN642343		OCCUPATION N/A				
OWNER (IF SAME AS DRIVER, WRITE SAME) Maxey, Larry						ADDRESS Same						PHONE Same			
VEH YR 2014		MAKE Dodge		MODEL 45		COLOR Marrow	STYLE 45	STATE OH	LICENSE PLATE NO GFG7425		TOWING SERVICE N/A	VEH PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	POSITION A   B   C   D   E   F		INJURIES A   B   C   D   E   F				
D		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
E		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	SEX		CONDITION A   B   C   D   E   F				
F		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m   D   Y		AGE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
A		B		C		INJURED TAKEN TO		By		RESTRAINTS A   B   C   D   E   F		ALCOHOL A   B   C   D   E   F			
D		E		F		INJURED TAKEN TO		By		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED			
A		B		C		OFFENSE CHARGED AND DESCRIPTION		By		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED			
O		B		C		OFFENSE CHARGED AND DESCRIPTION		By		EJECTION A   B   C   D   E   F		DRUGS A   B   C   D   E   F			
RECEIVED CALL 1239		DISPATCHED 1239		ARRIVED 1242		CLEARED 1251		OTHER TIME 0000		TOTAL MINUTES 0012		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
DATE REPORT FILED 6/29/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME E. Holmes		BADGE NO 122		CHECKED BY N. Trout							